

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DIST OF OHIO

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	North Coast Clinical Laboratory, Inc	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	North Coast Laboratories, Inc. DBA North Coast Labs	
3. Debtor's federal Employer Identification Number (EIN)	34-1505256	
4. Debtor's address	Principal place of business 2215 Cleveland Road Sandusky, OH 44870 Number, Street, City, State & ZIP Code Erie County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6215

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☐ No☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

1) Biomedical waste needs to be secured and properly stored.

2) Reagents and supplies which are perishable.

3) Equipment which needs to be properly shut down & decontaminated prior to sale

☒ Other

4) Medical records which need to be preserved.

Where is the property?

2215 Cleveland Rd #105

Sandusky, OH, 44870-0000

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☒ Yes.

Insurance agency

Gardner & Strayer

Contact name

Brent Gardner

Phone

(419) 626-1423 (419) 483-6620

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 8, 2017**
MM / DD / YYYY

X /s/ Jack Runner
Signature of authorized representative of debtor

Title

Jack Runner
Printed name

18. Signature of attorney **X /s/ Raymond L Beebe**
Signature of attorney for debtor

Date **November 8, 2017**
MM / DD / YYYY

Raymond L Beebe #0027096
Printed name

Raymond L Beebe Co LPA
Firm name

**1107 Adams St
Toledo, OH 43604**
Number, Street, City, State & ZIP Code

Contact phone **(419) 244-8500** Email address **Raybblaw@buckeye-express.com**

#0027096
Bar number and State

Fill in this information to identify the case:

Debtor name North Coast Clinical Laboratory, Inc

United States Bankruptcy Court for the: NORTHERN DIST OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 8, 2017

X /s/ Jack Runner

Signature of individual signing on behalf of debtor

Jack Runner

Printed name

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **North Coast Clinical Laboratory, Inc**United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **6,055,369.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **6,055,369.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **388,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **6,027.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **14,439,494.97****4. Total liabilities**
Lines 2 + 3a + 3b\$ **14,833,521.97**

Fill in this information to identify the case:Debtor name **North Coast Clinical Laboratory, Inc**United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Civista Bank (Citizens)****Checking****6797****\$3,000.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Deposit Held by Melchior Building Company, PO Box 482 Perrysburg, OH, prior7.1. **landlord, office lease.****\$200.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$200.00

Debtor **North Coast Clinical Laboratory, Inc**
Name

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Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 110,000.00 - 0.00 = \$110,000.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 40,000.00 - 0.00 = \$40,000.00
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$150,000.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Lab and Office inventory and supplies		<u>\$0.00</u>		<u>\$25,000.00</u>

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$25,000.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No

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☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office and Lab Equipment	\$50,000.00		\$50,000.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$50,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm			

Debtor North Coast Clinical Laboratory, Inc
Name

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machinery and equipment)
Equipment Leases with the following:
Xerox Workcentre7535/3TRY (Xerox
Corporation, Lessee)
Avia1209 (Siemen Healthcare Diagnostics,
Lessee - Disputed)
AU480w/ ISE Instrumnet Sales Group
(Beckman Coulter, Lessee)
Access 2, Single System SG (Beckman
Coulter, Lessee)

\$0.00

\$0.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **2215 Cleveland Rd W
105, Sandusky OH
Sandusky
Office/Laboratory**

Leasehold

\$0.00

\$0.00

55.2. **2307 W. 14th Street
Suite 307 Cleveland,
OH 44113
Office**

Leasehold

\$0.00

\$0.00

55.3. **12611 Eckel Junction
Rd. Perrysburg, OH
43551
Office**

Leasehold

\$0.00

\$0.00

55.4. **521 N. Sandusky
Street, Bellvue, OH
44811**

Leasehold

\$0.00

\$0.00

Debtor North Coast Clinical Laboratory, Inc
Name

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56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description

**Net book value of
debtor's interest
(Where available)**

**Valuation method used
for current value**

**Current value of
debtor's interest**

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**

Doman name: www.Northcoastlab.com

\$0.00

\$0.00

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Debtor North Coast Clinical Laboratory, Inc
Name

Case number (If known) _____

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

Net Operating Loss

Tax year **2016**

\$227,169.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Counterclaims and cross claims as identified in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories, Inc. Erie County Common Pleas Court, Ohio 2017 CV 0034

\$5,600,000.00

Nature of claim

Breach of Contract and others

Amount requested

\$5,600,000.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$5,827,169.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$200.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$150,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$25,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$50,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+\$5,827,169.00	
91. Total. Add lines 80 through 90 for each column	\$6,055,369.00	91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,055,369.00

Fill in this information to identify the case:Debtor name **North Coast Clinical Laboratory, Inc**United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Silo Healthcare Operations, LLC <small>Creditor's Name</small> 1st Street SE 903 San Juan, PR 00921 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 05/17/2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Note and Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$388,000.00 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$388,000.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Ronald House Esq Benesch, Friedlander, Arnoff 41 S. High St, Ste 2600 Columbus, OH 43215-6164	Line 2.1	

Fill in this information to identify the case:Debtor name **North Coast Clinical Laboratory, Inc**United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Ambera Palmer 937 Virginia Street Port Clinton, OH 43452	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Carie Seamon 103 South Main St. Apt D Clyde, OH 43410	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **North Coast Clinical Laboratory, Inc**
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2.3 Priority creditor's name and mailing address

Carolyn Garcia
1540 Scranton Rd
Norwalk, OH 44857

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.4 Priority creditor's name and mailing address

Christine Jones
1323 Lawnview Ave
Toledo, OH 43607

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.5 Priority creditor's name and mailing address

Christopher Dean
5245 50th Street
Sandusky, OH 44870

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.6 Priority creditor's name and mailing address

Darri Stobie
4704 Columbus Ave
Sandusky, OH 44870

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid Wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **North Coast Clinical Laboratory, Inc**
Name

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2.7	Priority creditor's name and mailing address Deborah Pervez 31827 Woodbridge Way Avon Lake, OH 44012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
Date or dates debt was incurred		Basis for the claim: Unpaid wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Diana Hoelzer 101 Mohawk Path Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Unpaid Wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Donald Lowther 6712 Susan Drive Castalia, OH 44824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
Date or dates debt was incurred		Basis for the claim: Unpaid wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Jack Runner 620 Marshall Ave Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Unpaid Wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **North Coast Clinical Laboratory, Inc**
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2.11	Priority creditor's name and mailing address Jennifer Cassidy 812 Warwick Drive Sheffield Lake, OH 44054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Unpaid Wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address Joseph Price 2006 Hull Rd Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
Date or dates debt was incurred		Basis for the claim: Unpaid wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (6)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Kathleen Runner 620 Marshall Ave Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
Date or dates debt was incurred		Basis for the claim: Unpaid wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address Kristen Runner 340 Berlin Rd Huron, OH 44839	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Unpaid Wages and/or benefits		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

2.15 Priority creditor's name and mailing address

Major Ruffin III
734 Walnut Ridge Lane
Sandusky, OH 44870

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.16 Priority creditor's name and mailing address

Melvin Burns
PO Box 807
Sandusky, OH 44871

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.17 Priority creditor's name and mailing address

Mike Eckhardt
7 Falcon Crest Drive, Unit B
Norwalk, OH 44857

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid Wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.18 Priority creditor's name and mailing address

Mirand Brlekamp
121 Clay Street
Green Springs, OH 44836

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor	North Coast Clinical Laboratory, Inc <small>Name</small>	Case number (if known) _____
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2.19	Priority creditor's name and mailing address Nancy Karn 4350 Abbe Rd Sheffield Lake, OH 44054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
	Date or dates debt was incurred	Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Rekha Kota 1007 East Bogart Rd Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Richard Alexander 1306 BicjamamStreet Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$1.00
	Date or dates debt was incurred	Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Robert Crabtree M.D. 1711 Hi Street Cuyahoga Falls, OH 44221	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,000.00	\$0.00
	Date or dates debt was incurred 08-2017 to current	Basis for the claim: Medical Director - Independent Contractor		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

2.23 Priority creditor's name and mailing address

Rojene Mundy
414 Shashta Drive
Toledo, OH 43609

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.24 Priority creditor's name and mailing address

Sydney Poutous
27484 Oregon Rd, Lot 95
Perrysburg, OH 43551

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid Wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.25 Priority creditor's name and mailing address

Taylor Marsh
5318 Brophy Drive
Toledo, OH 43611

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$1.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.26 Priority creditor's name and mailing address

Timothy Meade
308 Marshall Ave
Sandusky, OH 44870

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

2.27 Priority creditor's name and mailing address

Tonia Fox
1317 Camp Street
Sandusky, OH 44870

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid Wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.28 Priority creditor's name and mailing address

Tracy Shrewsbury
12 B Townsend Ave
Norwalk, OH 44857

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

\$1.00 **\$0.00**

Date or dates debt was incurred

Basis for the claim:

Unpaid Wages and/or benefits

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

ALARA Industries LLC
4081 SW 47th Ave Suite #2
Fort Lauderdale, FL 33314

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☒ Unliquidated

☒ Disputed

Amount of claim

\$1.00

Date(s) debt was incurred

Basis for the claim: **Disputed claim as set forth in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories Inc. et al**

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

Beckman Coulter Inc.
Dept: CH10164
Palatine, IL 60055-0164

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

\$16,827.34

Date(s) debt was
incurred **07-2017 through current**

Basis for the claim: **Supplies -Laboratory Instruments**

Last 4 digits of account number **4773**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

Bellevue Family Medicine LLC
521 North Sandusky St Ste F
Bellevue, OH 44811

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

\$250.00

Date(s) debt was incurred **10-2017**

Basis for the claim: **Lease - Bellvue Ohio Office**

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

3.4	Nonpriority creditor's name and mailing address Buckeye TeleSystem PO Box 94536 Cleveland, OH 44101-4536 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number <u>6835</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone/Internet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.62
3.5	Nonpriority creditor's name and mailing address Cardinal Health Medical Products PO Box 70539 Chicago, IL 60673 Date(s) debt was incurred <u>07-2010 through 10-2017</u> Last 4 digits of account number <u>5575</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,210.17
3.6	Nonpriority creditor's name and mailing address Care Source 395 E Broad St Suite 110 Columbus, OH 43215 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed claim for return of payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000,000.00
3.7	Nonpriority creditor's name and mailing address Computer Service & Support 2106 New Road Bldg E-6 Linwood, NJ 08221 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number <u>6398</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided -Manage Lab Information Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.70
3.8	Nonpriority creditor's name and mailing address David Muskat 4081 SW 47th Ave, Suite #2 Fort Lauderdale, FL 33314 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed claim as set forth in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories Inc. et al</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.9	Nonpriority creditor's name and mailing address Federal Express PO Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number <u>4958</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Delivery Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,293.76
3.10	Nonpriority creditor's name and mailing address Firelands Regional Medical Center 1101 Decatur Street Sandusky, OH 44870 Date(s) debt was incurred <u>09-2017 Through 10-2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,320.12

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

3.11	Nonpriority creditor's name and mailing address Flower Hospital Labortory 5200 Harroun Rd Sylvania, OH 43560 Date(s) debt was incurred <u>07-2017 through 10-2017</u> <u>0717, 0817, 0917, 0517</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$709.70
3.12	Nonpriority creditor's name and mailing address Grace Hospital Attn: Heather Pesarchick 2307 West 14th Street Cleveland, OH 44113 Date(s) debt was incurred <u>09-10-2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease - Cleveland Office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.00
3.13	Nonpriority creditor's name and mailing address Guardian PO Box 824404 Philadelphia, PA 19182-4404 Date(s) debt was incurred <u>11-2017</u> Last 4 digits of account number <u>9256</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Insurance Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$789.66
3.14	Nonpriority creditor's name and mailing address Internal Revenue Svc PO Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Medical Mutual of Ohio PO Box 951922 Cleveland, OH 44193 Date(s) debt was incurred <u>10-2017 through 11-2017</u> Last 4 digits of account number <u>2143</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Emplouyee Health Care Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,653.13
3.16	Nonpriority creditor's name and mailing address O'Connell and Aronowitz 54 State Street Albany, NY 12207-2501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>9540</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address OE Meyer Co. PO Box 479 Sandusky, OH 44871 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number <u>3614</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies - Medical Gas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.99

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

3.18	Nonpriority creditor's name and mailing address Ohio Bureau of Workers Compensation Attn: Law Section Bankruptcy Unit PO Box 15567 Columbus, OH 43215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Ohio Dept Job and Family Services Attn: Program Srvcs/Revenue Rcvry PO Box 182404 Columbus, OH 43218-2404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address One Perkins Place 1604 E. Perkins Place #101 Sandusky, OH 44870-7000 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease - Sandusky office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.21	Nonpriority creditor's name and mailing address Pool Laboratories Ltd Dean Farm Outhouse Church Lane Canterbury, Kent, Encland CT3 1HS Date(s) debt was incurred <u>10-2010 through 02-2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Reference lab services for clinical trials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172,927.54
3.22	Nonpriority creditor's name and mailing address ProHealth Physicians 12611 Eckel Junction Road Perrysburg, OH 43551 Date(s) debt was incurred <u>10-2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease - Current Perrysburg office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.23	Nonpriority creditor's name and mailing address Qiagen Inc. PO Box 5132 Carol Stream, IL 60197-5132 Date(s) debt was incurred <u>07-2017 to current</u> Last 4 digits of account number <u>1858</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies - Medical</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.16
3.24	Nonpriority creditor's name and mailing address Quest Diagnostics 12436 Collection Center Drive Chicago, IL 60693-0124 Date(s) debt was incurred <u>09-01-2017 to current</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Reference Laboratory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,307.31

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

3.25	Nonpriority creditor's name and mailing address Siemens Healthcare Diagnostics Inc PO Box 121102 Dallas, TX 75312-1102 Date(s) debt was incurred <u>08-2017 to current</u> Last 4 digits of account number <u>1631</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,243.61
3.26	Nonpriority creditor's name and mailing address Symetra Financial - VUL PO Box 34815 Seattle, WA 98124-1815 Date(s) debt was incurred <u>10-2017 to current</u> Last 4 digits of account number <u>1631</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Premium - Member Life Insurance Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.27	Nonpriority creditor's name and mailing address Synergy Diagnostics Laboratory Inc. 4081 SW 47th Ave Suite # 2 Fort Lauderdale, FL 33314 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed claim as set forth in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories Inc. et al</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200,000.00
3.28	Nonpriority creditor's name and mailing address Treasurer of State of Ohio PO Box 1347 Columbus, OH 43216-0347 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.29	Nonpriority creditor's name and mailing address US Diagnostics PO Box 5531 Worksource 975531 Carol Stream, IL 60197-5531 Date(s) debt was incurred <u>09-2017 through 10-2017</u> Last 4 digits of account number <u>1963</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.50
3.30	Nonpriority creditor's name and mailing address Voya Insurance and Annuity Company PO Box 5085 Minot, ND 58702-5085 Date(s) debt was incurred <u>09-2017 to current</u> Last 4 digits of account number <u>1632</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance- Life Ins. Premium - Member Benefit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.31	Nonpriority creditor's name and mailing address Xerox Corporation PO Box 802555 Chicago IL, CO 80250 Date(s) debt was incurred <u>08-2017 through current</u> Last 4 digits of account number <u>Various</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease - office copier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211.66

Debtor **North Coast Clinical Laboratory, Inc**
Name

Case number (if known)

3.32 Nonpriority creditor's name and mailing address
YP
PO Box 5010
Carol Stream, IL 60197-5010
Date(s) debt was incurred **10-2017**
Last 4 digits of account number **0000**

As of the petition filing date, the claim is: Check all that apply.

\$29.00

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: **Advertising**

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Svc Insolvency Group 6 1240 E Ninth St Rm 493 Cleveland, OH 44199	Line 3.14 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Ohio Dept of Taxation c/o Bankruptcy Division PO Box 530 Columbus, OH 43266	Line 3.28 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 6,027.00
5b. +	\$ 14,439,494.97
5c.	\$ 14,445,521.97

Fill in this information to identify the case:

Debtor name **North Coast Clinical Laboratory, Inc**

United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Purchase & Service Agreement for Equipment, consumables and test kits.

State the term remaining

06-152018

List the contract number of any government contract _____

**Beckman Coulter
250 South Kraemer Blvd
PO Box 8000
Brea, CA 92821-8000**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease - 521 N. Sandusky Street, Bellevue, Ohio 44811 Office

State the term remaining

List the contract number of any government contract _____

**Bellevue Family Medicine LLC
521 North Sandusky St Ste F
Bellevue, OH 44811**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Supply Purchase Agreement

State the term remaining

List the contract number of any government contract _____

**Dade Behring Inc
PO Box 6101
Newark, DE 19714-6101**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Lease - 2307 W. 14th Street, Suite 307, Cleveland Ohio 44113 Office

State the term remaining

List the contract number of any government contract _____

**Grace Hospital
W. 14th Street
Cleveland, OH 44113**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Storage Unit Rental Agreement**

State the term remaining

List the contract number of any government contract _____

**Huron Secure Storage
3210 West Cleveland Road, Suite 2
Huron, OH 44839**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease - 2215 Cleveland Rd W # 105, Sandusky, OH 44870**

State the term remaining

List the contract number of any government contract _____

**One Perkins Place
1604 E. Perkins Ave. #101
Sandusky, OH 44870**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease - 12611 Eckel Junction Rd, Perrysburg, Ohio 43551**

State the term remaining

List the contract number of any government contract _____

**ProHealth Physicians
12611 Eckel Junction Road
Perrysburg, OH 43551**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Employment Contract**

State the term remaining

List the contract number of any government contract _____

**Robert Crabtree MD
1711 High St
Cuyahoga Falls, OH 44221**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease**

State the term remaining

List the contract number of any government contract _____

**Siemens Diagnostics Finance Co
1717 Deerfield Rd Suite 2102
PO Box 778
Deerfield, IL 60015-0778**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Lease of medical diagnostic instruments**

State the term remaining

List the contract number of any government contract _____

**Siemens Healthcare Diagnostics Inc
115 Norwood Park Sout
Norwood, MA 02062**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

Website Hosting

State the term remaining

List the contract number of any government contract _____

Solution King LLc

2.12. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease and Service Agreement

State the term remaining

11-2020

List the contract number of any government contract _____

Xerox

Fill in this information to identify the case:Debtor name **North Coast Clinical Laboratory, Inc**United States Bankruptcy Court for the: **NORTHERN DIST OF OHIO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name North Coast Clinical Laboratory, IncUnited States Bankruptcy Court for the: NORTHERN DIST OF OHIO

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**
From 1/01/2016 to 12/31/2016**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$6,187,885.00**For year before that:**
From 1/01/2015 to 12/31/2015☒ Operating a business☐ Other _____\$3,590,187.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply*3.1. **Various
OH****See Attached
List of
Payments****\$0.00**☐ Secured debt
☐ Unsecured loan repayments
☒ Suppliers or vendors
☒ Services
☐ Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Jack Runner		\$0.00	Payments to Civista and UBS on loans for funds advanced by Jack Runner (documentation to be provided)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. SILO HEALTHCARE OPERATIONS et al vs Debtor 2017 CV 0034	Complaint, crossclaims and counter claims	Erie County Common Pleas Court 323 Columbus Ave Sandusky, OH 44870	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Raymond L Beebe Co LPA 1107 Adams St Toledo, OH 43604	Attorney Fees	10/17/2017	\$12,000.00
Email or website address Raybblaw@buckeye-express.com			
Who made the payment, if not debtor? Jack Runner			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address**Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services
the debtor provides****If debtor provides meals
and housing, number of
patients in debtor's care**

15.1. **North Coast Clinical
Laboratory, Inc
22155 Cleaveland Rd
Sandusky, OH 44870**

Medical Laboratory for testing**Location where patient records are maintained** (if different from
facility address). If electronic, identify any service provider.**Same as Facility Address****How are records kept?***Check all that apply:*

☒ Electronically

☒ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

Medical Records including personal identifiers

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan**North Coast Simple IRA Plan****Employer identification number of the plan****EIN: 34-1505256**

Has the plan been terminated?

☒ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
CiVista Bank 2100 E. Perkins Ave Sandusky, OH 44870	Jack Runner Kathleen Runner Kristen Runner Carolyn Garcia	Computer Backup Tapes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Huron Secure Storage 3210 w. Cleveland Rd Huron, OH 44839	Jack Runner	Laminar Flow Hood/Old Lab Equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Robert Crabtree MD	2215 Cleveland Rd Sandusky, OH 44870	Laminar Flow Hood Incubator	\$2,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Hobe & Lucas CPA 4807 Rockside Rd A510 Independence, OH 44131	1985 - Present
26a.2. Donald Lowther 6712 Susan Dr Castalia, OH 44824	1985 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Hobe & Lucas CPA 4807 Rockside Dr A510 Independence, OH 44131	1985 - Present

Name and address		Date of service From-To
26b.2.	Donald Lowther Susan Dr Castalia, OH 44824	1985 - Present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Hobe & Lucas CPA 4807 Rockside Rd A510 Independence, OH 44131	
26c.2.	Donald Lowther 6712 Susand Dr Castalia, OH 44824	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Jack Runner	10/12/2017	25,000.00
	Name and address of the person who has possession of inventory records North Coast Clinical Laboratory Inc 2215 Cleveland Rd Sandusky, OH 44870		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Jack Runner	620 Marshall Ave Sandusky, OH 44870	Soled Shareholder	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Debtor **North Coast Clinical Laboratory, Inc**

Case number (if known) _____

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor **North Coast Clinical Laboratory, Inc**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 8, 2017**

/s/ Jack Runner

Signature of individual signing on behalf of the debtor

Jack Runner

Printed name

Position or relationship to debtor

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

014-2861-4 014 PM

Register 1 (left) with North's main channel
from 1814. The 7 through 11th Dec 17
North's (1814) 1 page Register 1 (left)

[illegible]

2.

North Coast Clinical Laboratories, Inc.

4144 • J. Neurosci., July 26, 2006 • 26(30):4139–4146

Register: \$ with F with North F also Forward
Promo rate for Oct 17 through 1 until Oct 19
Forward by: Home Page, InsuranceMail

[illegible]

2

South Coast Clinical Laboratory, Inc.

Price just \$1.99

1. H_2O is a polar molecule.
 2. H_2O is a small molecule.
 3. H_2O is a liquid at room temperature.
 4. H_2O is a good solvent.

[illegible]

2

North Coast Clinical Laboratory, Inc.

Journal of Interpersonal Violence 26(10)

Reprinted by permission from *Journal of the American Academy of Child and Adolescent Psychiatry*, 1996, 35(12):1391-1400.

[illegible]

Figure 1

Group 3207 © 2014 iPad

Diagram 4.4.1. *North & South Carolina*

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 399–406

Order No. 1000, 1000, 1000, 1000

[illegible]

Page 4

North Coast Clinical Laboratory, Inc.

Friedrich Schlegel de jure PhD

Registered: 1 Jan 11 with: Youth Group Training

From 1994, the "average" is 1.44, the

Revised for: *Nov. 8, 1998, September 1998*

[illegible]

Page 10

North Coast Chemical Industries, Inc.

David Ball et al. (1997)

Signature: _____ Date: _____

^aSource: Bureau of Economic Analysis, *U.S. Department of Commerce*, 1999.

Address To: Helen T. and Hamilton Hall

[illegible]

United States Bankruptcy Court
Northern Dist of Ohio

In re **North Coast Clinical Laboratory, Inc**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-------------------------|
| For legal services, I have agreed to accept | \$ | <u>12,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>12,000.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): **Jack Runner**
4. The source of compensation to be paid to me is:
- ☐ Debtor ☒ Other (specify): **Jack Runner**
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 8, 2017*Date***/s/ Raymond L Beebe****Raymond L Beebe #0027096***Signature of Attorney***Raymond L Beebe Co LPA****1107 Adams St****Toledo, OH 43604****(419) 244-8500 Fax: (419) 244-8538****Raybblaw@buckeye-express.com***Name of law firm*

**United States Bankruptcy Court
Northern Dist of Ohio**

In re **North Coast Clinical Laboratory, Inc**

Debtor(s)

Case No. _____

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the _____ of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **November 8, 2017**

/s/ Jack Runner

Jack Runner/

Signer/Title

ALARA INDUSTRIES LLC
4081 SW 47TH AVE SUITE #2
FORT LAUDERDALE FL 33314

AMBERA PALMER
937 VIRGINIA STREET
PORT CLINTON OH 43452

BECKMAN COULTER
250 SOUTH KRAEMER BLVD
PO BOX 8000
BREA CA 92821-8000

BECKMAN COULTER INC
DEPT CH10164
PALATINE IL 60055-0164

BELLEVUE FAMILY MEDICINE LLC
521 NORTH SANDUSKY ST STE F
BELLEVUE OH 44811

BELLEVUE FAMILY MEDICINE LLC
521 NORTH SANDUSKY ST STE F
BELLEVUE OH 44811

BUCKEYE TELESYSTEM
PO BOX 94536
CLEVELAND OH 44101-4536

CARDINAL HEALTH MEDICAL PRODUCTS
PO BOX 70539
CHICAGO IL 60673

CARE SOURCE
395 E BROAD ST SUITE 110
COLUMBUS OH 43215

CARIE SEAMON
103 SOUTH MAIN ST APT D
CLYDE OH 43410

CAROLYN GARCIA
1540 SCRANTON RD
NORWALK OH 44857

CHRISTINE JONES
1323 LAWNVIEW AVE
TOLEDO OH 43607

CHRISTOPHER DEAN
5245 50TH STREET
SANDUSKY OH 44870

COMPUTER SERVICE SUPPORT
2106 NEW ROAD BLDG E-6
LINWOOD NJ 08221

DADE BEHRING INC
PO BOX 6101
NEWARK DE 19714-6101

DARRI STOBIE
4704 COLUMBUS AVE
SANDUSKY OH 44870

DAVID MUSKAT
4081 SW 47TH AVE SUITE #2
FORT LAUDERDALE FL 33314

DEBORAH PERVEZ
31827 WOODBRIDGE WAY
AVON LAKE OH 44012

DIANA HOELZER
101 MOHAWK PATH
SANDUSKY OH 44870

DONALD LOWTHER
6712 SUSAN DRIVE
CASTALIA OH 44824

FEDERAL EXPRESS
PO BOX 371461
PITTSBURGH PA 15250-7461

FIRELANDS REGIONAL MEDICAL CENTER
1101 DECATUR STREET
SANDUSKY OH 44870

FLOWER HOSPITAL LABORATORY
5200 HARROUN RD
SYLVANIA OH 43560

GRACE HOSPITAL
ATTN HEATHER PESARCHICK
2307 WEST 14TH STREET
CLEVELAND OH 44113

GRACE HOSPITAL
W 14TH STREET
CLEVELAND OH 44113

GUARDIAN
PO BOX 824404
PHILADELPHIA PA 19182-4404

HURON SECURE STORAGE
3210 WEST CLEVELAND ROAD SUITE 2
HURON OH 44839

INTERNAL REVENUE SVC
PO BOX 7346
PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SVC
INSOLVENCY GROUP 6
1240 E NINTH ST RM 493
CLEVELAND OH 44199

JACK RUNNER
620 MARSHALL AVE
SANDUSKY OH 44870

JENNIFER CASSIDY
812 WARWICK DRIVE
SHEFFIELD LAKE OH 44054

JOSEPH PRICE
2006 HULL RD
SANDUSKY OH 44870

KATHLEEN RUNNER
620 MARSHALL AVE
SANDUSKY OH 44870

KRISTEN RUNNER
340 BERLIN RD
HURON OH 44839

MAJOR RUFFIN III
734 WALNUT RIDGE LANE
SANDUSKY OH 44870

MEDICAL MUTUAL OF OHIO
PO BOX 951922
CLEVELAND OH 44193

MELVIN BURNS
PO BOX 807
SANDUSKY OH 44871

MIKE ECKHARDT
7 FALCON CREST DRIVE UNIT B
NORWALK OH 44857

MIRAND BRLEKAMP
121 CLAY STREET
GREEN SPRINGS OH 44836

NANCY KARN
4350 ABBE RD
SHEFFIELD LAKE OH 44054

O CONNELL AND ARONOWITZ
54 STATE STREET
ALBANY NY 12207-2501

OE MEYER CO
PO BOX 479
SANDUSKY OH 44871

OHIO BUREAU OF WORKERS COMPENSATION
ATTN LAW SECTION BANKRUPTCY UNIT
PO BOX 15567
COLUMBUS OH 43215

OHIO DEPT JOB AND FAMILY SERVICES
ATTN PROGRAM SRVCS/REVENUE RCVRY
PO BOX 182404
COLUMBUS OH 43218-2404

OHIO DEPT OF TAXATION
C/O BANKRUPTCY DIVISION
PO BOX 530
COLUMBUS OH 43266

ONE PERKINS PLACE
1604 E PERKINS PLACE #101
SANDUSKY OH 44870-7000

ONE PERKINS PLACE
1604 E PERKINS AVE #101
SANDUSKY OH 44870

POOL LABORATORIES LTD
DEAN FARM OUSTHOUSE CHURCH LANE
CANTERBURY KENT
ENCLAND CT3 1HS

PROHEALTH PHYSICIANS
12611 ECKEL JUNCTION ROAD
PERRYSBURG OH 43551

QIAGEN INC
PO BOX5132
CAROL STREAM IL 60197-5132

QUEST DIAGNOSTICS
12436 COLLECTION CENTER DRIVE
CHICAGO IL 60693-0124

REKHA KOTA
1007 EAST BOGART RD
SANDUSKY OH 44870

RICHARD ALEXANDER
1306 BICJAMAMSTREET
SANDUSKY OH 44870

ROBERT CRABTREE M D
1711 HI STREET
CUYAHOGA FALLS OH 44221

ROBERT CRABTREE MD
1711 HIGH ST
CUYAHOGA FALLS OH 44221

ROJENE MUNDY
414 SHASHTA DRIVE
TOLEDO OH 43609

RONALD HOUSE ESQ
BENESCH FRIEDLANDER ARNOFF
41 S HIGH ST STE 2600
COLUMBUS OH 43215-6164

SIEMENS DIAGNOSTICS FINANCE CO
1717 DEERFIELD RD SUITE 2102
PO BOX 778
DEERFIELD IL 60015-0778

SIEMENS HEALTHCARE DIAGNOSTICS INC
PO BOX 121102
DALLAS TX 75312-1102

SIEMENS HEALTHCARE DIAGNOSTICS INC
115 NORWOOD PARK SOUT
NORWOOD MA 02062

SILO HEALTHCARE OPERATIONS LLC
1ST STREET SE 903
SAN JUAN PR 00921

SOLUTION KING LLC

SYDNEY POUTOUS
27484 OREGON RD LOT 95
PERRYSBURG OH 43551

SYMETRA FINANCIAL - VUL
PO BOX 34815
SEATTLE WA 98124-1815

SYNERGY DIAGNOSTICS LABORATORY INC
4081 SW 47TH AVE SUITE # 2
FORT LAUDERDALE FL 33314

TAYLOR MARSH
5318 BROPHY DRIVE
TOLEDO OH 43611

TIMOTHY MEADE
308 MARSHALL AVE
SANDUSKY OH 44870

TONIA FOX
1317 CAMP STREET
SANDUSKY OH 44870

TRACY SHREWSBURY
12 B TOWNSEND AVE
NORWALK OH 44857

TREASURER OF STATE OF OHIO
PO BOX 1347
COLUMBUS OH 43216-0347

US DIAGNOSTICS
PO BOX 5531
WORKSOURCE 975531
CAROL STREAM IL 60197-5531

VOYA INSURANCE AND ANNUITY COMPANY
PO BOX 5085
MINOT ND 58702-5085

XEROX

XEROX CORPORATION
PO BOX 802555
CHICAGO IL CO 80250

YP
PO BOX 5010
CAROL STREAM IL 60197-5010

**United States Bankruptcy Court
Northern Dist of Ohio**

In re **North Coast Clinical Laboratory, Inc**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **North Coast Clinical Laboratory, Inc** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

November 8, 2017

Date

/s/ Raymond L Beebe

Raymond L Beebe #0027096

Signature of Attorney or Litigant

Counsel for **North Coast Clinical Laboratory, Inc**

Raymond L Beebe Co LPA

1107 Adams St

Toledo, OH 43604

(419) 244-8500 Fax:(419) 244-8538

Raybblaw@buckeye-express.com